

Understanding Your Three-tier Prescription Drug Plan

Healthcare costs continue to rise, seemingly at lightning speed—including prescription drug costs. While you can't always control what you must spend on healthcare, you often can take charge of the amount you pay for your prescription medicine—your copayment. That's because your prescription benefit plan uses a three-tier formulary copayment design that categorizes medications into three payment levels for plan members. In many cases, the choice is yours (pending your physician's approval) whether to use a more expensive brand-name drug or an equally effective—but less expensive—preferred-brand or generic alternative.

A formulary is a list of medications preferred by your plan. All medications listed have received Food and Drug Administration (FDA) approval as safe and effective. A committee of physicians and pharmacists has chosen the medications included on this list.



Tiers Made Easy

Understanding your three-tier plan can help you access the quality healthcare this plan provides while allowing you to save valuable healthcare dollars. This chart shows the differences among the three tiers:

1st Tier—Lowest Copayment

Most generic drugs* are in the 1st tier. These drugs—generally the least expensive—are the most cost effective for both you and your plan sponsor.

2nd Tier—Middle Copayment

A 2nd-tier drug is a brand-name drug that either does not have a generic equivalent or may be a less-expensive, but equally effective, alternative to its 3rd-tier counterpart. These drugs also are referred to as *preferred-brand drugs*.

3rd Tier—Highest Copayment

A 3rd-tier drug is a brand-name drug that has either a generic or 2nd-tier alternative available. These drugs generally are the most expensive drugs for both you and your plan sponsor and are referred to as *non-preferred brands*.

* A generic drug is a chemically identical version of a brand-name medication containing the same amounts of the same active ingredients and is approved by the FDA as being safe and effective.

Making Tiers Work for You

Start saving money by exercising your option of choice. Take time to review your plan's formulary. Look up your brand-name medication(s) to see if a generic alternative is available. Ask your physician if a generic version of any of the medications you currently take or are being prescribed would be suitable for you. Explain that you would like to save money, and ask if he or she will prescribe a 1st- or 2nd-tier drug instead of a more costly 3rd-tier drug.

Log On to Our Web Site

You or your doctor can quickly access our formulary at www.mywhi.com. You're likely to find most of the medications you already use on the list. However, certain categories of medication, even if they appear on the formulary, still may not be covered by your pharmacy benefit plan. By registering on our web site, you will be able to find out if a medication is covered by your plan, look up copayments, and research generic and preferred-brand alternatives.

If you have any questions about your three-tier plan, call our Member Services department at **1.800.207.2568**.